

New York Wing CAP – Aircraft Monthly Operations & Maintenance Report

Group: _____

Aircraft Type-Model _____ Tail # : _____ Month/Year _____ Rcv'd NYW: _____

I. Hobbs flight times by category per CAPR 60-1 Mission Symbols.

USAF Reimbursable (Reported on CAPF 1		USAF Non-Reimbursable	
A1	AFRCC SAR mission _____	B8	Squadron or higher official conferences or meetings _____
A2	AFNSEP mission _____	B8M	Maintenance flights _____
A3	Counterdrug mission _____	B9	Red Cross missions _____
A4	Missions specifically approved by the Air Force (i.e. low-level survey, courier, etc.) _____	B10	FEMA missions _____
A5	SAR/DR training/evaluation mission / CAPR 60-2 inspections _____	B11	NOAA & NWS missions _____
A6	AFROTC orientation flights including flights to and from orientation site _____	B12	Mission pilot proficiency flights and SAR/DDR training IAW CAPR 50-15 _____
A7	CAPF 5 & 91 evaluation and National Check Pilot Standardization Course and Flight Clinics _____	B13	Support to other federal or national relief agencies with an Air Force approved MOU _____
Total "A" Missions _____		B14	Support to state, county and local agencies with an Air Force approved MOU _____
CAP Corporate		B15	Cadet orientation flights IAW CAPF 77 _____
C1	Proficiency and training flights not designated as a USAF assigned mission _____	B16	Cadet flights; training, flight encampments / academies, cadet encampments, IACE _____
C2	Support to state, county, and local agencies not designated as a USAF assigned mission _____	B17	911T missions _____
C3	Other CAP flying _____	B18	CAPF 5 & 91 evaluation and NCPSC and Flight Clinics not flown under and AF mission number _____
		B99	Other flights specifically approved by the USAF (all requests for approval will be sent to CAP-USA region/CC) _____

II. Hobbs Meter Readings

Month End: _____
 Prior Month End: _____
 Total Hours: _____

Tachometer Readings

Month End: _____
 Prior Month End: _____
 Total Hours: _____

III. Mission Activity: Have all CAP Form 108's for this and previous months been submitted.

Yes ☐ _____ No ☐ _____ (attach full explanation, including expected submission date)

IV. Aircraft Maintenance:

Tac./Date	Tac./Date
Next 50 Hr. Inspection-oil change: _____	Next GPS/Loran Data base update: _____
Next 100 Hr/Annual Inspection: _____	Next engine overhaul: _____
Next Static system and Transponder check: _____	Next propeller overhaul: _____
Next ELT battery replacement date: _____	

Total Days this month that the aircraft was not in service by category: Repair & Inspection: _____

Parts Procurement: _____ Avionics: _____ Weather: _____ Other: _____

V. Submissions: One copy of NYW Form 6 with payment, fuel receipts and all unpaid bills to NYW HQ, Att: NYW/FM. One copy of NYW Form 6, NER FLIGHT LOG 2, CAP Form 108's and CAP Form 99, and related queries directly to NYW/DO.

Total Symbol B12, 15, 16, 18 and C Revenue Hours: _____ @\$ _____/Hour, less Credit \$ _____
 = \$ _____, Check # _____, or will be submitted by this date: _____

 Signature – Group Operations Officer

or/and

 Signature – Group Commander